

Cosmetology Inspector:

TERESA COX
502-229-0713

**Kentucky State Board of
Hairdressers & Cosmetologists**
111 St. James Ct., Suite A
Frankfort, KY 40601
(502) 564-4262
WWW.KBHC.KY.GOV

Current License#

Date Processed:

Beauty Salon ☐

Nail Salon ☐

Esthetic Salon ☐

PLUMBING CHANGE ONLY
NO FEE

Name of Salon: _____ **(30 or less Characters)**

Address: _____

(City) (State) (Zip Code)

County: _____ **Phone Number:** _____

Owner(s) Name: _____ **Lic. #, S.S. #, or Tax ID#** _____

Manager(s) Name: _____ **License Number:** _____

- Pursuant to KRS 164.772(3), are you, as owner, in default on any repayment obligation under any financial assistance program with the Kentucky Higher Education Assistance Authority (KHEA) YES _____ NO _____

Salon Owner Signature: _____ **Date:** _____

Salon Manager Signature: _____ **Date:** _____

THE ABOVE SAID PROPERTY HAS BEEN INSPECTED BY ME AND FOUND TO MEET STATE PLUMBING REQUIREMENTS. (STATE PLUMBING PHONE # 502-573-0397)

SIGNATURE OF STATE PLUMBING INSPECTOR **Date:** _____

NOTES FROM THE PLUMBING INSPECTOR IF APPLICABLE:

I HEREBY STATE THE ABOVE SALON HAS BEEN INSPECTED BY ME AND FOUND TO MEET ALL REQUIREMENTS FOR THE ABOVE SALON IN ACCORDANCE WITH THE ADMINISTRATIVE REGULATIONS OF THE KENTUCKY STATE BOARD OF HAIRDRESSERS & COSMETOLOGISTS.

SIGNATURE OF STATE SALON INSPECTOR **Date:** _____

NOTES FROM COSMETOLOGIST INSPECTOR IF APPLICABLE: